

UNITED STATES DISTRICT COURT  
SOUTHERN DISTRICT OF NEW YORK

Darnell Green

Write the full name of each plaintiff.

18 cv 1745

(Include case number if one has been assigned)

-against-

J. Garcia, F. Polito, A. Cefaloni,  
P. Weber, Osborne, John Doe #1,  
John Doe #2

AMENDED  
COMPLAINT  
(Prisoner)

Do you want a jury trial?

☒ Yes ☐ No

Write the full name of each defendant. If you cannot fit the names of all of the defendants in the space provided, please write "see attached" in the space above and attach an additional sheet of paper with the full list of names. The names listed above must be identical to those contained in Section IV.

USDC SDNY  
DOCUMENT  
ELECTRONICALLY FILED  
DOC #:  
DATE FILED: 5-30-18

NOTICE

The public can access electronic court files. For privacy and security reasons, papers filed with the court should therefore *not* contain: an individual's full social security number or full birth date; the full name of a person known to be a minor; or a complete financial account number. A filing may include *only*: the last four digits of a social security number; the year of an individual's birth; a minor's initials; and the last four digits of a financial account number. See Federal Rule of Civil Procedure 5.2.

DEFENDANT AND SERVICE ADDRESS

James Garcia  
Correctional Officer  
Green Haven Correctional Facility  
594 Route 216  
Stormville, New York 12582-0010

## I. LEGAL BASIS FOR CLAIM

State below the federal legal basis for your claim, if known. This form is designed primarily for prisoners challenging the constitutionality of their conditions of confinement; those claims are often brought under 42 U.S.C. § 1983 (against state, county, or municipal defendants) or in a "Bivens" action (against federal defendants).

☒ Violation of my federal constitutional rights

☐ Other: \_\_\_\_\_

## II. PLAINTIFF INFORMATION

Each plaintiff must provide the following information. Attach additional pages if necessary.

Darnell	C	Green
First Name	Middle Initial	Last Name

State any other names (or different forms of your name) you have ever used, including any name you have used in previously filing a lawsuit.

Prisoner ID # (if you have previously been in another agency's custody, please specify each agency and the ID number (such as your DIN or NYSID) under which you were held)

5 point<sup>15</sup> Correctional facility

Current Place of Detention

State Route 96, P.O. Box 119

Institutional Address

Romulus	New York	14541
County, City	State	Zip Code

## III. PRISONER STATUS

Indicate below whether you are a prisoner or other confined person:

☐ Pretrial detainee

☐ Civilly committed detainee

☐ Immigration detainee

☒ Convicted and sentenced prisoner

☐ Other: \_\_\_\_\_

Form 2124

STATE OF NEW YORK - DEPARTMENT OF CORRECTIONAL SERVICES  
USE OF FORCE REPORT

There are \_\_\_\_ other reports  
filed under this Use of Force  
Log #

Ref. Directive # 4944, 4004

FACILITY	Green Haven	Incident Date:	1/4/2016	Facility Use of Force Log #	1 6 0 0 0 2
Incident Location	Admin strip frisk room	Incident Time:	5:30am	If Unusual Incident, CCC Log #	1 6 ## 0 0 3

PART A - REPORT OF INCIDENT

INMATE INVOLVED	Name	DIN	Cell/Cube Location	Role Code *	* 01 Bystander 02 Participant 03 Perpetrator 04 Suspect 05 Victim 06 Witness
Green, D		1510019	SHU-16	03	

STAFF INVOLVED	Name	Title
1.	[REDACTED]	Sergeant
2.	[REDACTED]	Officer
3.	[REDACTED]	Officer
4.	[REDACTED]	Officer
5.	[REDACTED]	Officer

DESCRIBE EVENTS LEADING UP TO THE APPLICATION OF FORCE



#### IV. DEFENDANT INFORMATION

To the best of your ability, provide the following information for each defendant. If the correct information is not provided, it could delay or prevent service of the complaint on the defendant. Make sure that the defendants listed below are identical to those listed in the caption. Attach additional pages as necessary.

Defendant 1: James Garcia  
First Name Last Name Shield #  
Correctional Officer  
Current Job Title (or other identifying information)  
594 Route 216  
Current Work Address  
Stormville newyork 12582  
County, City State Zip Code

Defendant 2: Osborne  
First Name Last Name Shield #  
Sergeant  
Current Job Title (or other identifying information)  
594 Route 216  
Current Work Address  
Stormville newyork 12582  
County, City State Zip Code

Defendant 3: F Polito  
First Name Last Name Shield #  
Correctional Officer  
Current Job Title (or other identifying information)  
594 Route 216  
Current Work Address  
Stormville newyork 12582  
County, City State Zip Code

Defendant 4: A Cefaloni  
First Name Last Name Shield #  
Correctional Officer  
Current Job Title (or other identifying information)  
594 Route 216  
Current Work Address  
Stormville newyork 12582  
County, City State Zip Code

Defendant 5:

P We.ter  
First name Last name Shield #  
Correctional officer  
Current Job Title (or other identifying information)  
594 Route 21b  
Current work address  
Stormville New York 12582  
County, city State Zip code

Defendant 6:

John Doe #1  
First name Last name Shield #  
Correctional officer  
Current Job Title (or other identifying information)  
594 Route 21b  
Current work address  
Stormville New York 12582  
County, city State Zip code

Defendant 7:

John Doe #2  
First name Last name Shield #  
Correctional officer  
Current Job Title (or other identifying information)  
594 Route 21b  
Current work address  
Stormville New York 12582  
County, city State Zip code

**V. STATEMENT OF CLAIM**

Place(s) of occurrence: Green Haven Stripfrisk room

Date(s) of occurrence: Jan, 4 2016

**FACTS:**

State here briefly the FACTS that support your case. Describe what happened, how you were harmed, and how each defendant was personally involved in the alleged wrongful actions. Attach additional pages as necessary.

On Jan, 4 2016 at green haven Correctional facility I was being escorted to a Stripfrisk room to be handed over to my Court escort upon completion of BOSS chair is when everything started, I was grabbed and held in place by two officers one on each side while Sergeant Osborne cocked his baton all the way back took a second to carefully aim and cracked me in my head with every ounce of strength he had then officer Garcia followed up by repeatedly punching me in my face while screaming curse words after each punch meanwhile I was feeling punches in my sides from the two officers who were still just holding me in place while C.O Garcia continued to repeatedly strike me in my face and head then two more officers entered the room and immediately followed officer Garcia lead and started raining blows on me all over face, head, stomach and neck this went on for minutes the one officer decided to hit me in my facial area with his radio then I kept feeling the officers holding me trying to pull me off camera so I forced myself on the ground in front of the camera and placed my arms behind my back because I just wanted it to be over but it wasn't the officer on my back started bending and twisting my fingers

acting like he was trying to put the cuff<sup>s</sup> on then i felt kick<sup>s</sup> in my side<sup>s</sup> then finally the Sergeant said something to the effect of "OK that's enough stop before you kill him" and even then one officer kicked me in my mouth and even though the cuff<sup>s</sup> was already on the officer on my back was still acting like he was putting them on while still bending my finger<sup>s</sup>; ~~received~~ received injuries from each and every last one of these act<sup>s</sup> and there is picture<sup>s</sup> and medical record<sup>s</sup> to prove just that also the whole incident is on camera and audio and i had to be taken to outside hospital

#### INJURIES:

If you were injured as a result of these actions, describe your injuries and what medical treatment, if any, you required and received.

I had bump<sup>s</sup> and knot<sup>s</sup> all over my face/head, i can't see anything anymore without glasses, i'm mentally scared and now take mental health medication and i had to get (5) staple<sup>s</sup> in my head also Both my eye<sup>s</sup> were Black and one of them was fully swollen shut and my lip was busted and my nose was bleeding

#### VI. RELIEF

State briefly what money damages or other relief you want the court to order.

Five (5) Million Dollars

## VII. PLAINTIFF'S CERTIFICATION AND WARNINGS

By signing below, I certify to the best of my knowledge, information, and belief that: (1) the complaint is not being presented for an improper purpose (such as to harass, cause unnecessary delay, or needlessly increase the cost of litigation); (2) the claims are supported by existing law or by a nonfrivolous argument to change existing law; (3) the factual contentions have evidentiary support or, if specifically so identified, will likely have evidentiary support after a reasonable opportunity for further investigation or discovery; and (4) the complaint otherwise complies with the requirements of Federal Rule of Civil Procedure 11.

I understand that if I file three or more cases while I am a prisoner that are dismissed as frivolous, malicious, or for failure to state a claim, I may be denied *in forma pauperis* status in future cases.

I also understand that prisoners must exhaust administrative procedures before filing an action in federal court about prison conditions, 42 U.S.C. § 1997e(a), and that my case may be dismissed if I have not exhausted administrative remedies as required.

I agree to provide the Clerk's Office with any changes to my address. I understand that my failure to keep a current address on file with the Clerk's Office may result in the dismissal of my case.

Each Plaintiff must sign and date the complaint. Attach additional pages if necessary. If seeking to proceed without prepayment of fees, each plaintiff must also submit an IFP application.

<u>5-24-18</u>		<u>Darnell Green</u>
Dated		Plaintiff's Signature
<u>Darnell</u>	<u>C</u>	<u>Green</u>
First Name	Middle Initial	Last Name
<u>State Route 96, P.O. Box 119</u>		
Prison Address		
<u>Romulus</u>	<u>New York</u>	<u>14541</u>
County, City	State	Zip Code

Date on which I am delivering this complaint to prison authorities for mailing: 5-24-18